SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. !4 ·7 !8 :9 ;5 }6 :9 . 1 .2 .3 AL TOTAL AL TOTAL DEP. OMAY BE LIED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT of COMMERCE